

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034794

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 204

STATE FILE NUMBER

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Miss.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>SIKESTON</b>		c. CITY OR TOWN <b>Wyatt</b>	
Length of stay in 1b <b>15 MIN.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. DELTA COMMUNITY HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>P.O. Box 96</b>	
3. NAME OF DECEASED (Type or print) First <b>ROSETTA</b> Middle Last <b>SMITH</b>		4. DATE OF DEATH Month <b>JULY</b> Day <b>31</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/19/47</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Girl</b>		11. BIRTHPLACE (City and state or country) <b>Wyatt Mo.</b>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Roberta Banks</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		17. INFORMANT <b>Robert Smith Box 96 Wyatt Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Contusion and laceration of brain</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Fr. of middle 1/3 of right femur</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>auto accident on highway 60 about 3 miles east of Charleston, Mo</b>	
20c. TIME OF INJURY Hour <b>10:30</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <b>7 31 1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	20f. CITY, TOWN, OR LOCATION <b>near Charleston</b>
21. I attended the deceased from <b>7-31-63</b> to <b>7-31-63</b> and last saw her alive on <b>7-31-63</b> Death occurred at <b>11:30 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wm. C. Critchlow M.D.</b>		22b. ADDRESS <b>Siikeston, Mo</b>	
22c. DATE SIGNED <b>Aug 15, 1963</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/5/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Charleston Mo.</b>
24. FUNERAL DIRECTOR <b>DAVIS</b>		25. DATE RECD. BY LOCAL REG. <b>August 20, 1963</b>	
		26. REGISTRAR'S SIGNATURE <b>Jeanette Waldman</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

AUG 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Willie R. Dennis*

Licensed Embalmer No.

5128

P. O. Address

*Charleston, W. Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit Renewed July 31, 1963*